

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 3-26-02, 3-28-02 and 4-1-02.
- b. The request was received on 6-17-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copied of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 7-11-02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The Respondent's three (3) day response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 6-14-02:

"Per MFG under section marked Medicine Ground Rules, Sec. I (C)(7), Sterile Whirlpool is billed as code 97022 with the modifier '-22' and shall be reimbursed at \$40.00. This type of treatment shall be ordered by the treating Doctor. There shall be no additional reimbursement for sterilizing the whirlpool or for supplies for the sterilization. Our HCFA-1500 billed CPT Code 97022-22."
2. Respondent: No position statement noted in the dispute packet.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are through 3-26-02, 3-28-02 and 4-1-02.
- The carrier denied the billed services as reflected on the EOBs as, "F – FEE GUIDELINE MAR REDUCTION THE AUDIT WILL STAND AS INITIALLY EVALUATED; F – FEE GUIDELINE MAR REDUCTION"
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
3-26-02 3-28-02 4-1-02	97022-22 97022-22 97022-22	\$40.00 \$40.00 \$40.00	\$20.00 \$20.00 \$20.00	F F F	\$40.00 \$40.00 \$40.00	MFG: Medicine Ground Rules (I) (C) (7); CPT Descriptor	<p>The Carrier has denied the disputed dates of services as "F".</p> <p>The Medicine Ground Rules (I) (C) (7) states, "Sterile whirlpool is billed as code 97022 with modifier "-22" and shall be reimbursed at \$40.00. This type of treatment shall be ordered by the treating doctor. There shall be no additional reimbursement for sterilizing the whirlpool or for supplies for the sterilization."</p> <p>Provider has billed in accordance with the Medicine Ground Rules. Therefore, reimbursement is recommended in the amount of \$60.00. (Total billed = \$120.00 - \$60.00 already paid = \$60.00).</p>
Totals		\$120.00	\$60.00				The Requestor is entitled to additional reimbursement in the amount of \$60.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$60.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 07th day of March 2003.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division
LL/ll